

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **METHODS OF AND KITS AND COMPOSITIONS FOR DIAGNOSING COLORECTAL TUMORS AND METASTASIS THEREOF** the specification of which:

(XX) is attached hereto.

( ) was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to the patentability of this application in accordance with 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of any application on which priority is claimed:

Country	Number	Date Filed	Priority Claimed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (patented, pending)
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: **Philip S. Johnson and Mark DeLuca**, Registration Nos. 27,200 and 33,229 of the firm of **WOODCOCK WASHBURN KURTZ MACKIEWICZ & NORRIS**, One Liberty Place - 46th Floor, Philadelphia, Pennsylvania 19103, and

Address all telephone calls and correspondence to:

**Mark DeLuca**  
**WOODCOCK WASHBURN KURTZ MACKIEWICZ & NORRIS**  
One Liberty Place - 46th Floor  
Philadelphia, PA 19103  
Telephone No. 215-568-3100.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the

United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Full Name Scott A. Waldman, M.D., Ph.D.	Inventor's Signature	Date
	Residence Ardmore, Pennsylvania	Citizenship USA	
	Post Office Address 119 Bleddyn Road, Ardmore, Pennsylvania 19003		
2	Full Name	Inventor's Signature	Date
	Residence	Citizenship	
	Post Office Address		
3	Full Name	Inventor's Signature	Date
	Residence	Citizenship	
	Post Office Address		
4	Full Name	Inventor's Signature	Date
	Residence	Citizenship	
	Post Office Address		
5	Full Name	Inventor's Signature	Date
	Residence	Citizenship	
	Post Office Address		

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( ) is attached hereto.

(XX) was filed on September 13, 1994 as Application Serial No. 08/305,056.

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Application Serial No.	Filing Date	Status (patented, pending)
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United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Full Name Scott A. Waldman, M.D., Ph.D.	Inventor's Signature <i>Scott A. Waldman</i>	Date 10/2/64
	Residence Ardmore, Pennsylvania	Citizenship USA	
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2	Full Name	Inventor's Signature	Date
	Residence	Citizenship	
	Post Office Address		
3	Full Name	Inventor's Signature	Date
	Residence	Citizenship	
	Post Office Address		
4	Full Name	Inventor's Signature	Date
	Residence	Citizenship	
	Post Office Address		
5	Full Name	Inventor's Signature	Date
	Residence	Citizenship	
	Post Office Address		